

L120000026016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

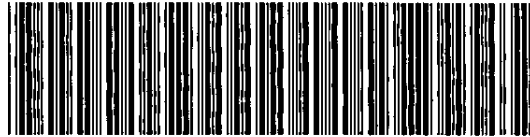
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400271293664

04/06/15--01020--019 \*\*50.00

FILED  
15 APR -6 AM 11:51  
STATE  
TALLAHASSEE FL 32309A

ARM  
4-8-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Asencio Bros., LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Luis R. Asencio

(Contact Person)

Asencio Bros., LLC

(Firm/Company)

3910 NW 171 Terrace

(Address)

Miami Gardens, FL 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Asencio

(Name of Contact Person)

at 786 290-9863

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
15 APR -6 AM 11:51  
STATE  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
15 APR - 6 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Asencio Bros., LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L12000026016

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2014

4. I, Arlande Honore, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)